## ARIZONA STATE BOARD OF ACCOUNTANCY

100 North 15th Avenue, Suite 165 Phoenix, Arizona 85007 Phone 602-364-0804 Facsimile 602-364-0903



In our desire to serve you better, the Board is asking for a couple minutes of your time to respond to the following questions as to the Board's responsiveness to your needs.

Please tell u	s which section	on of the ager	ncy you are re	eviewing:	
<ul><li>□ Certification/Registration</li><li>□ Examination</li></ul>		<ul><li>□ Compliance/Complaint</li><li>□ Public access</li></ul>			
After each question, please respond by checking the box that best expresses your opinion of the agency's ability to meet your needs.					
TIMELINESS  1. Do you feel the agency staff responded to your matter in a timely manner?					
	<b>1</b>	<b>□</b> 2	<b>3</b>	<b>4</b>	<b>1</b> 5
	Excellent	Above Average	Average	Below Average	Poor
COURTESY  2. Do you feel the agency staff handled your matter with professional courtesy?					
	☐ 1 Excellent	☐ 2 Above Average	☐ 3 Average	☐ 4 Below Average	☐ 5 Poor
PROFESSIONALISM  3. Do you feel the agency staff displayed the appropriate knowledge, skills and ability to handle your matter to your satisfaction?					
	☐ 1 Excellent	☐ 2 Above Average	☐ 3 Average	☐ 4 Below Average	☐ 5 Poor

Please fax or mail your response to us at your earliest convenience. Thank you for assisting us in striving to serve you better.